



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R11/11-05)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

07-113

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Tilford		First Name Jody		Middle Name Lee	Nickname N/A	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 1354 Payton av.				5. FAX (Optional) ()		6. E-mail Address (Optional) jtilford1@aol.com	
7. City Indpls.	State IN	ZIP Code 46219	8. County Marion		9. Telephone (Day) (317) 797-2037		10. Telephone (Evening) (317) 797-2037
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City-County Council Dist. 17			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Tilford For Council							
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 1354 Payton av.				15. FAX (Optional) ()		16. E-mail Address (Optional) jtilford1@aol.com	
17. City Indpls.	State In.	ZIP Code 46219	18. County Marion		19. Telephone (317) 797-2037		20. Committee Organization Date (MM-DD-YY) 03/08/07
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Jody L. Tilford							
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 1354 Payton av.				23. FAX (Optional) ()		24. E-mail Address (Optional) jtilford1@aol.com	
25. City Indpls.	State In.	ZIP Code 46219	26. County Marion		27. Telephone (Day) (317) 797-2037		28. Telephone (Evening) (317) 797-2037
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase Bank							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Jody L. Tilford		Signature of the Committee Chairperson 	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Jody L. Tilford					
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 1354 N. Payton av.				35. FAX (Optional) (317) 797-2037	
36. E-mail Address (Optional) jtilford1@aol.com					
37. City Indpls.	State In.	ZIP Code 46219	38. County Marion		39. Telephone (Day) (317) 797-2037
40. Telephone (Evening) (317) 797-2037					

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment 	
---	--	--	--

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Jody L. Tilford	Signature of Chairperson 	Date (MM-DD-YY) 03/08/07
43. Typed or Printed Name of Candidate Jody L. Tilford	Signature of Candidate 	Date (MM-DD-YY) 03/08/07

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

MAR 08 2007